

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 758.1511WOU1

Box No. I TITLE OF INVENTION

IMPROVED PROCESS AND MATERIALS FOR COILING Z-FILTER MEDIA, AND/OR CLOSING FLUTES OF FILER MEDIA; AND, PRODUCTS

Box No. II APPLICANT

☐

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DONALDSON COMPANY, INC.
1400 West 94th Street P.O. Box 1299
Minneapolis, Minnesota 55440-1299
United States of America

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's Registration No. with Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐

all designated
States

☐

all designated States except
the United States of America

☒

the United States
of America only

☐

the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SCHRAGE, Kevin J.
Route 2, Box 98
Spring Valley, Minnesota 55975
United States of America

This person is:

☐

applicant only

☒

applicant and inventor

☐

inventor only (If this check-box is
marked, do not fill in below.)

Applicant's registration No with Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐

all designated
States

☐

all designated States except
the United States of America

☐

the United States
of America only

☐

the States indicated in
the Supplemental Box

☒

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

DAULTON, Julie R.
Merchant & Gould P.C.
P.O. Box 2903
Minneapolis, Minnesota 55402-0903
United States of America

Telephone No.
612/336-4724

Facsimile No.
(612) 336-4751

Teleprinter No.

Agent's Registration No. with Office
34,130

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS*If none of the following sub-boxes is used, this sheet is not to be included in the request.*

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> LENSING, Eugene 1875 County Road W-141 Spillville, Iowa 52168 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Applicant's registration No. with Office		

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MORK, Donald Raymond 2798 Oak Avenue Lime Springs, Iowa 52155 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Applicant's registration No. with Office		

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MURPHY, Troy 716 Third Avenue East Cresco, Iowa 52136 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Applicant's registration No. with Office		

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> RAHLF, Jeff S. 13587 175th Street Elma, Iowa 50628 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Applicant's registration No. with Office		

State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS*If none of the following sub-boxes is used, this sheet is not to be included in the request.*

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

REICHTER, Gregory L.
10617 Hopkins Road
Bloomington, Minnesota 55420
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RISCH, Daniel T.
1116 136th Street West
Burnsville, Minnesota 55337
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which the priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain of States.)

Box No. VI PRIORITY CLAIM

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 18 March 2003 18.03.2003	60/455,643	US		
item (2) 25 April 2003 25.04.2003	60/466,026	US		
item (3) 02 May 2003 02.05.2003	60/467,521	US		

- ☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

- ☒ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)).

Box No. VII INTERNATIONAL SEARCHING AUTHORITY**Choice of International Searching Authority (ISA)**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year): Number: Country (or regional Office):

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) *(mark applicable check-boxes below and indicate in the right column the number of each type of declaration)*:

		Number of declarations
<input type="checkbox"/> Box No. VIII (i)	Declaration as to identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as to the international filing date, to	:
apply	for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as to the international filing date, to	:
claim	the priority of the earlier application.	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designations of the United	:
	States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:

Box No. IX CHECK LIST; LANGUAGE : FILING

This international application contains:

(a) In paper form, the following number of sheets:

request (including declaration sheets : 5
 description (excluding
 sequence listing and/or tables related thereto) : 32
 claims : 5
 abstract : 1
 drawings : 19
 Sub-total number of sheets : 62
 sequence listing :
 tables related thereto :

(for both, actual number of sheets if filed in
 paper form, whether or not also filed in computer readable
 form; see (c) below)

Total number of sheets : 62

(b) ☐ only in computer readable form
 (Section 801(a)(i))

- (i) ☐ sequence listing
 (ii) ☐ tables related thereto

(c) ☐ also in computer readable form
 (Section 801(a)(ii))

- (i) ☐ sequence listing
 (ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM,
 CD-R or other) on which are contained the

☐ sequence listing:☐ tables related thereto:

(additional copies to be indicated under items 9(ii)
 and/or 10(ii), in right column)

This international application is accompanied by the item(s) marked below:

1. ☒ fee calculation sheet
2. ☐ original separate power of attorney
3. ☐ original general power of attorney
4. ☐ copy of general power of attorney; reference number, if any:
5. ☐ statement explaining lack of signature
6. ☐ priority document(s) identified in Box No VI as item(s):
7. ☐ translation of international application into (language):
8. ☐ separate indications concerning deposited microorganism or other biological material
9. ☐ sequence listing in computer readable form (indicate type and number of carriers)
 - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)
 - (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column
10. ☐ tables in computer readable form related to sequence listing (indicate type and number of carriers)
 - (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)
 - (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column
11. ☒ Other (specify): Gen. Transmittal (in dupl) Check in the amount of \$3565. Return Postcard.

Number of items

1

0

0


0

Figure of the drawings which
 should accompany the abstract: 0

Language of filing of the
 international application: English

Box No. X SIGNATURE OF APPLICANT OR AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

By 
 Julie R. Daulton

For receiving Office use only

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent):

ISA/

6. Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

For International Bureau use only

Date of receipt of the record copy
 by the International Bureau:

PCT**FEE CALCULATION SHEET**

Annex to the Request

For receiving Office use only

International application No.

Applicant's or agent's
file reference 00758.1511WOU1

Date stamp of the receiving Office

Applicant
DONALDSON COMPANY, INC.**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE

300 T

2. SEARCH FEE

1818 S

International search to be carried out by EP
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets }
Where items (b) and/or (c) of Box No. IX do not apply, enter Total number of sheets } 62

i1 first 30 sheets..... 1035 i1

i2 32 x 11 = 352 i2

number of sheets
in excess of 30i3 additional component (only if sequence listing and/or tables related
thereto are filed in computer readable form under Section 801(a)(i),
or both in that form and on paper, under Section 801(a)(ii):400 x 0 = 0 i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I..... 1387 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT 60 P

5. TOTAL FEES PAYABLE 3565

Add amounts entered at T, S, I and P,
and enter total in the TOTAL box TOTAL**MODE OF PAYMENT**

- | | | |
|---|---|--|
| <input type="checkbox"/> authorization to charge
deposit account (see below) | <input type="checkbox"/> bank draft | <input type="checkbox"/> coupons |
| <input checked="" type="checkbox"/> cheque | <input type="checkbox"/> cash | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> revenue stamps | |

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

- ☐ Authorization to charge the total fees indicated above.
- ☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit.) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
- ☐ Authorization to charge the fee for priority document.

Receiving Office: RO/US

Deposit Account Number: 13-2725

Date: 17.03.2004

Name: Julie R. Daulton

Signature